

Triad National Security, LLC
SURVIVOR INCOME PROGRAM (SIP) BENEFIT APPLICATION

EMPLOYEE INFORMATION

Name of Deceased:			
Male	Female	SSN:	Z#:
DOB:		DOD:	Age: Married?
Date of Marriage:		# Children under 18?	# Children 18-22?
Dependent parent? 0			

Include copy of Death Certificate

ELIGIBLE SURVIVOR INFORMATION

Spouse:		DOB:	
Address:			Age:
Phone:	E-mail:	SSN:	
Disabled?			

Include copy of recorded Marriage Certificate

Child:		DOB:	
Address:			Age:
Phone:	E-mail:	SSN:	
Disabled?	Cared for by:	School?	

*Include copy of Birth Certificate **and** if age 18-22, provide proof of enrollment in accredited school*

Child:		DOB:	
Address:			Age:
Phone:	E-mail:	SSN:	
Disabled?	Cared for by:	School?	

*Include copy of Birth Certificate **and** if age 18-22, provide proof of enrollment in accredited school*

Child:		DOB:	
Address:			Age:
Phone:	E-mail:	SSN:	
Disabled?	Cared for by:	School?	

*Include copy of Birth Certificate **and** if age 18-22, provide proof of enrollment in accredited school*

ADDITIONAL INFORMATION

I acknowledge that I have listed all eligible survivors that I am aware of and that I may be eligible for SIP benefits. If under the age of 60, I am aware that when I turn 60, I will be required to notify the benefits office to request this benefit. I also acknowledge that I must notify the TRIAD benefits office if I begin receiving a survivor pension benefit.

Claimant:	Date
Benefits Administrator:	Date

Submit your completed application in one of the following ways: Scan and email it to benefits@lanl.gov, FAX to 505-665-2156, or mail to Los Alamos National Laboratory, P.O. Box 1663, MS P280, Los Alamos, NM 87545, ATTN: Benefits Department.